

Knox County

Application for Employment

Applicants are considered for all positions without regard to race, color, national origin, religion, age, sex, marital or veteran status. Knox County complies with all state and federal non-discrimination laws, including but not limited to the Americans with Disabilities Act.

Please Print or Type							e, or both.
Position Appli	ed For					Full-time	Part-time
		Separate app	olications need to be comp	leted for e	each position.	•	
Name							
I	LAST			FIRST		MII	DDLE
Address	STREET			CITY	STATE	ZID	CODE
e-mail address (option				CITT	SIAIE	ZIF	CODE
e man address (optiv	onar)						
Telephone	HOME		WORK		SOCIAL	SECURITY N	UMBER
Date available for w	ork	•••••					
Have you ever been	employed by	Knox County?				Yes	No
•			k in the United States?. tus will be required upon empl			Yes [□No
Are you a veteran of	f U.S. military	service?				Yes [□No
•		•	functions of the job app		with or without	Yes	No
	=	-	tate or Federal criminal			Yes [No
If yes, explain:							
Driver's license number (if required by job) State							
Educational Backg	round						
Last Year of educati	on completed	: (please circle)					
High School 9 10 11 12			College 13 14 15 16			Post Gradu 17 18 19 20	
High School Diplom	na 🔲	GED	College Degree		Post Graduate	e Degree	
Name of High School	ol:						
Name of College:						i	
Name Post Graduate	e School:						

Describe special skills, training, certification, experience and knowledge relevant to the job sought.							
Are you currently employed? Yes Employment History Please list each one of your previous employers for the	No May we contact your current empthe last 3 years, starting with your current or most re						
Company Name, Address and Telephone No.							
Supervisor's Name and Title							
Date hired							
Date left							
Last Postion Held, Duties and Salary							
Reason for Leaving							
Company Name, Address and Telephone No.							
Supervisor's Name and Title							
Date hired							
Date left							
Last Postion Held, Duties and Salary							
Reason for Leaving							
Company Name, Address and Telephone No.							
Supervisor's Name and Title							
Date hired							
Date left							
Last Postion Held, Duties and Salary							
Reason for Leaving							
Please list three persons who are unrelated to you whom we may contact for references:							
Name	Address	Phone Number					
	_						
I hereby certify that the facts set forth above in my enauthorize Knox County to investigate all information set forth above, and by any and all other means authomisleading statements in this application or in intervi-	set forth in my application, by contacting my prior prized or permitted by law. I understand that if I an	r employers and other references in hired, omissions or false or my employment.					
Signed:	Date:						

Skills and Qualifications

Completed Applications Must be Returned to the County Administrative Offices or mailed to: Knox County Administrative Offices, 62 Union Street, Rockland, ME 04841.

County of Knox Job Application Form 2010